



DEPARTMENT OF THE NAVY  
BUREAU OF NAVAL PERSONNEL  
WASHINGTON, D.C. 20370-5000

IN REPLY REFER TO

and  
BUREAU OF MEDICINE AND SURGERY  
WASHINGTON, DC 20372-5300

BUPERSINST/BUMEDINST 1306.72F CH-1  
PERS-205C  
BUMED-311

APR 10 1997

BUPERS/BUMED INSTRUCTION 1306.72F CHANGE TRANSMITTAL 1

From: Chief of Naval Personnel  
Chief, Bureau of Medicine and Surgery

Subj: POLICY AND PROCEDURES CONCERNING MEDICAL HOLDING COMPANIES

Encl: (1) Revised Pages 5 through 7 of Basic Instruction

1. Purpose. To standardize the process by which HIV positive personnel are moved from type 2 or above duty to reassignment ashore.

2. Action

(a) Remove pages 5 through 7 and replace with like-numbered pages in enclosure (1).

(b) Retain this change transmittal in front of the basic instruction.

3. Cancellation. This change transmittal is canceled upon completion of the required action.

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Chief, Bureau of Medicine  
and Surgery

DAN T. OLIVER  
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Personnel

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BUPERSINST/BUMEDINST 1306.72F  
PERS-271  
BUMED-31

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BUPERS/BUMED INSTRUCTION 1306.72F

From: Chief of Naval Personnel  
Chief, Bureau of Medicine and Surgery

Subj: POLICY AND PROCEDURES CONCERNING MEDICAL HOLDING COMPANIES

Ref: (a) Officer Transfer Manual  
(b) SECNAVINST 1850.4C  
(c) Enlisted Transfer Manual, NAVPERS 15909E  
(d) Joint Federal Travel Regulations (JFTR)  
(e) Diary Message Reporting System Manual (DMRSMAN)

Encl: (1) Medical Holding Company Message Report Format

1. Purpose

a. To issue revised guidelines and procedures for the operation of medical holding companies (MHC).

b. To enable assignment of personnel to an MHC by means of a diary change of accounting category rather than formal transfer from one activity to another.

c. To provide for an MHC personnel accounting system.

d. This instruction is a complete revision and must be read in its entirety.

2. Cancellation. BUPERSINST/NAVMEDCOMINST 1306.72E. Report control symbol MED 1306-2.

3. Applicability. Applies only to enlisted personnel. Refer to reference (a) the Officer Transfer Manual, chapter 16 for questions concerning officers.

4. Policy

a. The Chief, Bureau of Medicine and Surgery (BUMED), in various policy statements, has directed that patients not be admitted as inpatients when they can be treated as outpatients, within the criteria of good medical practice. The term medical treatment facility, MTF, includes medical and dental components.

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b. An MHC is under the cognizance of a medical treatment facility. The purpose of the MHC is to house Navy and other service enlisted active duty patients whose current condition precludes them from returning to full duty. These members are usually from commands outside of the geographical area of the MTF, and are employed on light duty, as allowed by their physical condition. Members are in the MHC to complete their medical treatment on an outpatient basis or awaiting action through the Disability Evaluation System (DES).

c. While MHCs can reduce costly inpatient care, commanders or commanding officers of MTFs shall ensure patients assigned to MHCs receive prompt, thorough medical and dental treatment, and are quickly returned to duty once found fit.

d. Commanding officers of naval hospitals or naval medical clinics may establish an MHC at their MTF and operate it as part of their command. The MHCs should be established at naval medical clinics only if there is not a naval hospital with an MHC in the geographic area.

e. Per reference (b), personnel shall not remain in an MHC longer than 60 days, including any convalescent leave granted. A limited duty medical board or a medical board referring the member to the Physical Evaluation Board shall be initiated when the total treatment and convalescent period is anticipated to be 60 days or greater. This includes those members who require frequent treatment (e.g., daily or several times a week). Availability reports will specify that the member must be stationed within a reasonable commuting distance from an MTF with the required medical specialty. Exceptions to the 60-day rule are members who have undergone oral surgery procedures which normally require a 60-day recovery period but for which a temporary limited duty medical board would not be appropriate. When a member exceeds 60 days in an MHC status and a medical board has not been submitted, send a message report to the Transient Monitoring Unit (TMU), and info BUMED following the format of enclosure (1).

f. Any MHC patient who is subsequently transferred to a transient personnel unit (TPU)/Others activity should be in an ambulatory status and not in need of nursing procedures, dietary care, or special treatment not normally available outside of the MTF. A member, requiring extensive outpatient treatment, for which commuting from the TPU/Others activity would

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create an undue hardship, may remain in the MHC. Should an individual report to the TPU whose apparent medical condition is questionable, the commanding officer or officer in charge of the TPU shall immediately contact the Head, Patient Administration Department of the MTF. The patient's final disposition will be made by the MTF commanding officer.

## 5. Procedures

### a. Assignment to MHC:

(1) Only active duty enlisted patients who are ambulatory and able for self-care or who require minimal care may be assigned to the MHC.

(2) A member may be assigned to the MHC, without having been previously admitted to the MTF by direction of an MTF health care provider. The MTF health care provider shall contact the Head, Patient Administration Department if consultation is necessary before a patient is transferred to the MHC.

(3) Personnel shall report to the MHC with service, pay, and medical records, and a copy of the Inpatient Admission/Disposition Record (in the case of those assigned from an inpatient status). Personnel may be assigned to the MHC in a temporary additional duty (TAD) status, if the individual was originally ordered for treatment on TAD orders and the combined length of hospitalization and outpatient care is not anticipated to exceed the guidelines in article 19.021 of reference (c). When a member's stay in the MHC is anticipated to exceed 60 days, then the MTF shall comply with article 19.0213 of reference (c).

(4) Members ordered for treatment on TAD orders, who are permanently assigned to shore duty in the geographical area of the MTF, will ordinarily be returned to their parent activity while receiving outpatient treatment instead of being assigned to the MHC. Exceptions are enlisted personnel ordered TAD for psychiatric evaluation or treatment, with a determination by the treating psychiatrist that return to the parent command would aggravate their condition. These members shall be transferred, in a temporary duty (TEM DU) status, to the MHC, regardless of the location of their parent command. Other exceptions are members who require extensive outpatient treatment, for which commuting from the parent command would create undue hardship. These members may be transferred, in a TEM DU status, to the MHC.

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(5) When enlisted patients of other Services are assigned to the MHC, ensure that liaison is established with the appropriate local command of the member's parent service, and that administrative procedures of that service are closely followed.

b. Personnel actions required:

(1) Personnel assigned to the MHC in a TEMDU status must be properly entered in the Manpower, Personnel Training Information System (MAPTIS) as having been received for TEMDU under treatment in an MHC (ACC 371), per reference (c).

(2) Personnel assigned to an MTF, whose status changes from inpatient to MHC outpatient, will be retained on the diary of the MTF. An ACC 371 will be assigned by means of a miscellaneous diary change. As an exception, Naval Medical Clinic, Pearl Harbor, HI will retain unit identification code (UIC) 41304.

(3) To alleviate non-programmed expenditures of funds, and to determine entitlement to per diem, for personnel in an MHC, use paragraphs U4115-G and U4115-M of reference (d) for guidance.

c. Requirements for maintenance of members in MHC:

(1) MHC personnel will be gainfully employed within their individual physical limitations and rating, if possible.

(2) Personnel in MHCs must be evaluated by a health care provider at least once every 2 weeks or more frequently if necessary. This evaluation must be documented in the health record.

d. Disposition of members assigned to a MHC:

(1) Personnel found fit for full duty shall be transferred to the appropriate TPU/Others activity to await assignment and transfer. The supporting personnel support activity detachment (PSD) shall submit an availability report, per chapter 20 of references (c) and (e), to the appropriate assignment control activity (ACA).

(2) Personnel who are TEMDU to the MHC and being processed through the DES, shall be transferred to the nearest

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TPU/others activity, only after the medical board report has been completed and the member has signed the NAVMED 6100/2, Medical Board Statement of Patient or NAVMED 6100/3, Medical Board Certificate relative to the PEB hearing. A copy of the medical board report will accompany the member to the PSD. These individuals will be gained by the supporting PSD in ACC 355 or 320 and monitored to ensure timely disposition through the DES.

(3) Personnel who are not TEMDU to the MTF and assigned to other than type 2 or type 4 duty shall be returned to their parent command to await final adjudication of the DES.

6. Personnel Diagnosed as HIV Positive.

(A)

a. Personnel serving on type 2 or above duty who are found to be HIV positive will be directed to transfer TEMDU to the patient account (ACC 370) or MHC account (ACC 371) of the Navy MTF having cognizance for testing, education and evaluation of the service member's potential for further service.

b. The Navy MTF/MHC will maintain positive control, including berthing and work assignment, of the Sailor while awaiting reassignment ashore. This includes tracking the member's status from initial contact with the detailee through eventual transfer. The MTF should contact Pers-205C if orders are not received within 14 days of contacting the detailee.

c. Because of the confidentiality associated with the HIV positive designation, the MTF must closely guard the information exchanged with the servicing PSD as to the reason for the member's retention in the transient pipeline.

d. The MTF/MHC will ensure all actions required for transfer of the member are completed in an expeditious manner once orders are received.

7. Responsibilities. The commanding officer of an activity maintaining an MHC shall designate a liaison officer or officer in charge of the MHC. When the MHC is not geographically collocated with an MTF, designate a Medical Department officer to provide liaison between the MHC and the MTF. The commanding officer shall develop a system to monitor the operation of the MHC, including the concurrent review of length of stay and appropriateness of the patient's placement into the disposition from the MHC. The officer in charge/liaison officer of the MHC shall ensure coordination between PSD, member's parent command, and the MTF patient administration department.



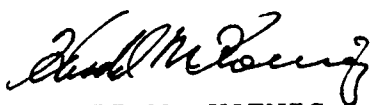
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## 8. Report and Forms

a. The message report in paragraph 4e is assigned report control symbol MED 1306-1. The reporting requirement is approved by the Chief, BUMED for 3 years from the date of this instruction.

b. The following forms are available in the Navy Supply System and may be ordered per NAVSUP P-2002D: NAVMED 6100/2 (Rev. 5-81), Medical Board Statement of Patient, S/N 0105-LF-206-1010 and NAVMED 6100/3 (Rev. 3-75), Medical Board Certificate Relative to a PEB Hearing, S/N 0105-LF-206-1015.



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MEDICAL HOLDING COMPANY MESSAGE REPORT FORMAT

ROUTINE

FM MTF \_\_\_\_\_  
TO TRANSMONUNIT NEW ORLEANS LA  
INFO BUMED WASHINGTON DC//311//  
PERSUPPACT/PERSUPPDET \_\_\_\_\_ (As applicable.)  
(Designated MHC activity, if applicable.)  
(Other addressees, as deemed appropriate.)

UNCLAS//N01306//

SUBJ: MEDICAL HOLDING COMPANY REPORT (MED 1306-1)  
(MED-31)

1. RATE, FULL NAME, BRANCH, SSN, NEC:
2. LAST PERMDUSTA AND DATE TRF:
3. DATE RECEIVED: (Should member be readmitted to the MTF as an inpatient from an MHC, provide: Initial MTF admission date, date received in MHC, date readmitted to MTF and, if appropriate, date readmitted to MHC plus sufficient remarks to explain this action.)
4. DIAGNOSIS: (Use ICD-9-CM for this submission.)
5. EXACT CIRCUMSTANCES REQUIRING RETENTION IN MHC: ("Continuing treatment" is not acceptable.)
6. REASON A MEDICAL BOARD HAS NOT BEEN CONVENED: ("Continuing treatment" without amplification, is not acceptable.)
7. ESTIMATED DATE OF COMPLETION OF TREATMENT IN MHC: ("Unknown" is not acceptable.)
8. GRADE, NAME OF HEALTH CARE PROVIDER:
9. POINT OF CONTACT FOR ADMINISTRATIVE RESPONSIBILITY:

Enclosure (1)